



## Complete Summary

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### TITLE

Endoscopy and polyp surveillance: percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in previous colonoscopy findings who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report.

### SOURCE(S)

Physician Consortium for Performance Improvement®, American Society for Gastrointestinal Endoscopy (ASGE), American Gastroenterological Association (AGA), National Committee for Quality Assurance (NCQA). Endoscopy and polyp surveillance physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 19 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in previous colonoscopy findings who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report.

### RATIONALE

Colonoscopy is the recommended method of surveillance after the removal of adenomatous polyps because it has been shown to significantly reduce subsequent Colorectal Cancer incidence. The timing of follow-up colonoscopy

should be tailored to the number, size, and pathologic findings of the adenomatous polyps removed. The time interval for the development of malignant changes in adenomatous polyps is estimated at 5 to 25 years. A randomized controlled trial of 699 patients showed that after newly diagnosed adenomatous polyps have been removed by colonoscopy, follow-up colonoscopy at 3 years detects important colonic lesions as effectively as follow-up colonoscopy at both 1 and 3 years.

Performing colonoscopy too often not only increases patients' exposure to procedural harm, but also drains limited resources that could be more effectively used to adequately screen those in need. Recent evidence from 4 surveys indicated that postpolypectomy surveillance colonoscopy in the United States is frequently performed at intervals that are shorter than those recommended in guidelines. Some endoscopists in these studies performed colonoscopy in patients with only small hyperplastic polyps or a single tubular adenoma at 1 year. These surveys underscore the importance of measuring intervals between examinations in continuous quality improvement programs.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Patients with 1 to 2 small (1 cm) tubular adenomas with only low-grade dysplasia should undergo follow-up colonoscopy no earlier than 5 years later. Patients with advanced adenomatous lesions or greater than 3 adenomas should have repeat colonoscopy in 3 years as long as all visualized polyps were completely removed, the colonoscopy was completed up to the cecum, and the colonic preparation was adequate. A shorter interval of follow-up is recommended in those patients with numerous adenomatous (greater than 10) polyps and in those in whom the colonoscopy was incomplete or the preparation was inadequate. After a surveillance colonoscopy has normal results, repeat examinations should be done at 5-year intervals. Patients with large, sessile adenomatous lesions removed in a piecemeal fashion should have a repeat examination within 2 to 6 months to exclude and remove remnant polypoid tissue (Davila et al, 2006).

## **PRIMARY CLINICAL COMPONENT**

Colonoscopy; colonic polyp; surveillance interval

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp in a previous colonoscopy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had an interval of 3 or more years since their last colonoscopy

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [ASGE guideline: colorectal cancer screening and surveillance.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Variation in quality for the performance measured

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement  
National reporting

## **Application of Measure in its Current Use**

### **CARE SETTING**

Physician Group Practices/Clinics

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

### **TARGET POPULATION AGE**

Age greater than or equal to 18 years

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### **IOM CARE NEED**

Staying Healthy

#### **IOM DOMAIN**

Effectiveness

### Data Collection for the Measure

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

All patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp in a previous colonoscopy

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp in a previous colonoscopy

Refer to the original measure documentation for administrative codes.

### **Exclusions**

- Documentations of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found greater than 10 adenomas)
- Documentation of a system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report)

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Diagnostic Evaluation  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients who had an interval of 3 or more years since their last colonoscopy

### **Exclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #2: surveillance colonoscopy interval for patients with a history of colonic polyps - avoidance of inappropriate use.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Endoscopy and Polyp Surveillance Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Society of Gastrointestinal Endoscopy, American Gastroenterological Association, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

**DEVELOPER**

American Gastroenterological Association  
American Society of Gastrointestinal Endoscopy  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

**FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2008 Aug

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Physician Consortium for Performance Improvement®, American Society for Gastrointestinal Endoscopy (ASG), American Gastroenterological Association (AGA), National Committee for Quality Assurance (NCQA). Endoscopy and polyp surveillance physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 19 p. [6 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #2: Surveillance Colonoscopy Interval for Patients with a History of Colonic Polyps - Avoidance of Inappropriate Use," is published in "Endoscopy and Polyp Surveillance Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on February 26, 2009. The information was verified by the measure developer on April 13, 2009.

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